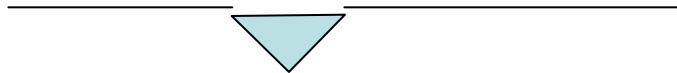


An overview of North Dakota WIC

- What does ND look like?



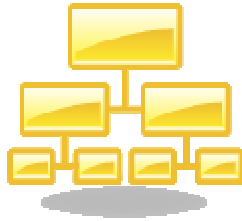
We are flat- if you held us up on end and looked at ND we would look pretty much like the picture above- do you know what that dip is in the middle?



WIC Because You Care

And we are also:

- Like MT Geographically big (360 miles long and 230 wide)
- Our 53 counties cover two time zones
- Very sparsely populated in areas- western 1/3 of state, pretty much all frontier counties. May be valid rationale for “buffalo commons”
- Our small communities continue to decline while the 8 “good sized” cities are growing.
- We don’t have mountains but we do have this river and a rather large reservoir (visible by satellite)

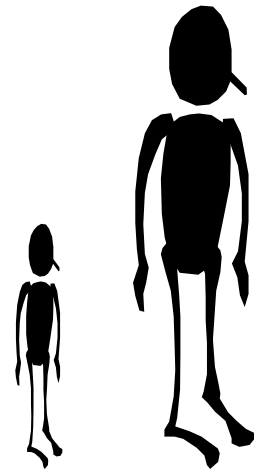


What is our state structure?

- *WIC Program*
- *Division of Nutrition and Physical Activity*
(MCH Nutritionist and Health Weight Coordinator)
- NPA is one of 6 Divisions in *Community Health Section*
 - Leadership team
- 6 sections (Environmental, Medical Services, etc)
- ND *Dept of Health* – Health Officer a cabinet position, serves at the pleasure of the governor

What about the state WIC Office?

- We have 3 professional staff and one support staff at the state office (small size makes us efficient but not my first choice): Kristi (our WIC vendor and MIS coordinator) joined us 5 years ago (until then there were two of us and I had those duties). Kim is our nutrition services and breastfeeding coordinator and Lynne our support staff
- Our indirect costs support staff in the Health Dept. Accounting Division who do some of the fiscal responsibilities like submitting the 798 reports.



Local WIC structure

- 28 local WIC administering agencies, that include:
 - 19 public health agencies (single county and multi-county district units)
 - 4 hospitals
 - 1 non-profit
 - 2 Tribes (there are 2 other tribes that act as their own Tribal “State” WIC agency)
 - One of our directors covers two local administering agencies

Cover all ND counties – 85 WIC clinic sites, with 41 permanent and rest satellite or travel sites.

Local WIC agencies range in size from 25 to 2500

Local Staffing

- Almost 100 souls work for local WIC, who constitute about 51 FTEs.
 - 60% are nutritionists (most Directors are dietitians or staff with nutrition degrees)
 - 25% are certifiers or clerks
 - 15% are nurses

long time staff (20+ years common)

Staffing “ratios” 1 FTE/350-400 participants but if travel site (two or more counties) 1 FTE 320-350 parts.

Local staff oversight

- Poor monitoring visits
 - Conduct on site visits for all agencies on site over 2 year period (locals do self review when not visited by the state)
 - If concerns- follow up as appropriate
 - Example 1- Nutrition education contacts lacking (have ability to review charts with web system, so after monitoring finding shared- I checked at 2 months and 6 months later to see now being done.
 - Example 2- I've helped 4 former local WIC staff (3 directors) recognize that WIC was not their strength and helped their local administering agency convince them to find more suitable employment.
 - » Liability



Reality check- We do have clinics that I now are not up to our standard- operate just within the minimum. Offer additional support and pick your (political) battles.

Local funding



- Local funds are provided using a formula:
 - Caseload bands (1000+; 400-999; etc.) that recognize economy of scale (costs more at a small site per participant)
 - Travel to sites
 - Caseload history (increase or decrease)

Try to work sites to the “cost per participant average” in their band.

What's offered by the State Office

- State Office provides funding for local staff, rent, supplies, hardware, etc.
- We provide locals:
 - Forms and educational materials (35+ topic cards)
 - IT support (state ITD for system, and Corey for staff)
 - Check stock, micr printer ink cartages
 - Manual, electric breast pumps and kits
 - Training/professional development (all staff, support for state breastfeeding conferences, CLC certification, NWA trip for local officers, etc
 - Guidance- manuals, TA,
 - Contract addendums for specific initiatives (ex: Motivational Interviewing study).



What's offered by the state office?

- We provide the staff with the monthly participant newsletter “PickWIC” in 2 electronic formats so can add their own bulletin board notes (or not).
- The state of ND does not provide any state general funds to support WIC.
- Two of our local agencies do provide local funds for WIC (1 = indirect and the other as part of a negotiation to get WIC).

ND WIC Participants



- Our caseload average is 13,600/month and is increasing.
- Average household size is 3.8 members, with 1.7 on WIC.
- More than 60% are two-parent households.
- More than 66% have one or both adults working full time.
- 56% are on food stamps and 80% on Medicaid
- Over 22% of our kids are Native American (we only serve 2 of the state's 4 reservations)
- Not too much cultural diversity but for Fargo (12 languages on their welcome to WIC sign on their office door).

What have we done recently to improve efficiency?

- WICnet- our new (2006) web based management information system.
Automated a lot of the duties (auto assign risks based on nutr and medical questions, ht/wt plots, easy tailoring of checks, etc.
 - Enhancement #2- may never be done
 - CPA's and who can assign risks
 - State trained staff



Other things to improve efficiency

- Use of the “poly-com” for some training and instruction (video network in all local public health, free to us thanks to bioterrorism). Used for MI training, state of the art studio in Health Dept.



Best thing we ever did

- Each quarter state and local WIC directors meet. With small state staff we need to rely on local staff to help us make decisions, stay up-dated and get the work done. (3 face to face, Jan meeting via polycom)
 - How can we best implement this policy?
 - What are you needing or not seeing?
 - I usually report on funding, national policy, etc. Kristi on vendor and MIS and Kim on nutrition education, VENA and/or breastfeeding.
 - Local staff meet the first hour while state staff go for coffee.



Other best thing we've done

- Local staff participation in variety of working committees (self serving or survival?):
 - Newsletter committee (recipes, breastfeeding and turn off the TV segments)
 - Nutrition ed committee (education materials- handouts and monthly recipes, etc.)
 - Forms committee
 - Food Package committee
 - DUC- direct users committee as we developed our MIS

Big commitment on the part of local staff, concern that the same folks always volunteer

